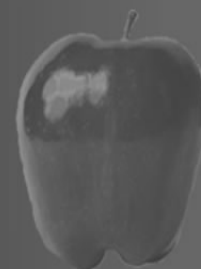




2007 HEALTH / P.E. Professional Development



Registration Form
(Duplicate as Necessary)

Mail to:

Workshop Contact:

Sessions fill on a first-come basis. Register early to secure your place.

Workshop Title	Date	Location	Registration Fee

Contact Information:

Commitment to Attend & District Approval:

Teacher: _____

District: _____

School: _____

Grade Level/Subject: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____

School Phone: _____

Fax Number: _____

E-Mail: _____

CACTUS #: _____

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ PERSONAL Check # _____ enclosed OR

☐ SCHOOL _____ OR
Principal

☐ DISTRICT _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

A separate registration form must be submitted for each workshop you plan to attend.